PART B - FEE(S) TRANSMITTAL applicable fee(s), to: Mail Mail Stop ISS notice and this form, together Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate All first correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 06/16/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Jonathan O. Owens Haverstock & Owens LLP 162 North Wolfe Road Sunnyvale, CA 94086 Nicole Walsh (Signature) 2006 September (Date) FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. NEI-00103 7751 09/742.261 12/19/2000 Gary R. McLuen TITLE OF INVENTION: MULTI-WELL ROTARY SYNTHESIZER **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY NO \$1400 \$300 \$1700 09/18/2006 nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS SINES, BRIAN J 1743 422-100000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list HAVERSTOCK & OWENS LLP (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OF COLINTRY CHECK) A) NAME OF ASSIGNEE 00000026 09742261 1400.00 OP Port Townsend! fwA1501 McLuen Design, Inc. Individuar College Extra Section or other private group entity of LOGG Pernment Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to

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